FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M29515

(7)

PUPY'S RESTAURANT, INC.

Principal Place of Business

2300 CORAL WAY

015 (

Mailing Address

2300 CORAL WAY

1 TO THE STATE STA

APPROVED AND FILED

97 MAY - 1 AM 11: 00

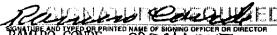
SECRETARY OF STATE TALLAHASSEE, FLORIDA



MIAMI FL 33145 US		MIAMI FL 33145-3511 US			
				3. Date Incorporated or Qualified 03/26/1986	3a. Date of Last Report 05/01/1996
2. Principal Place of		2a. Mailing Address		4. FEI Number	Applied For
21 2300 CORAL WAY		26 2 3 0 0 CORAL WAY		59-2652282	Not Applicable
Suite, Apt. #, etc. 22 # 200		Suite, Apt. #, etc. 27 # 200		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MIAMI FLORIDA		City & State 28 MI AMI FLORIDA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ір 24 3314 5	Country 25 US	Ζφ 29 33145	Country 30 US	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	ame and Address of Curi			10. Name and Address of New Reg	Jistered Agent
	INNUAL REPORT SERV	ices inc	81 Name		
2300 COR	AL WAY		82 Street Ad	dress (P.O. Box Number is Not Acceptable	ie)
#200					
MIAMI FL 3	33145		83		ļ
			84 City		FL 85 Zip Code
11. Pursuant to the p	roverons of Sections 607.0	1502 and 607.1508/Florida 8ta	tutes, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered
office of registere agent Lam la pit	ed agent, or both, in the Sta er with and acquartive of	ate of Florida Such change wa ligations of, Section 607.0505.	is authorized by the corpor	ation's board of directors. I hereby accep	t the appointment as registered
			AMADA CANTER	A LODEZ DDEC	1/93/97
SIGNATURE Signature	typed or purpled some of registered	agent and title if applicable.	IOTE: Registered Agent signature req		DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE PD		☐ DELETE	11 TITLE		Change Addition
	RAMMIRO, CONDE			90002168219- -05/06/970111700	<u>66519271</u>
			13 STREET ADDRESS	-US/UB/37U1117UU4 ****165.00 ****165.00	
CITY-ST-ZIF MIAN	II FL		1.4 CITY-ST-ZIP	赤水水 1 0 3	5.00 ****165.00
TOTE		☐ DELETE	21 TITLE		Change Addition
NAME .			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHTY - ST - ZIF			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME :		
STREET ADORESS			3.3 STREET ADDRESS		
CITY - \$1 - ZIF			3.4. CITY - \$T - 21P		
TITLE		☐ DELETE	4.1 TITLE	***************************************	Change Addition
namé			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City+St-ziP			4.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-7IP			5.4 CITY-ST-ZIP	. λ ς	
TITLE		DELETE	6.1 TITLE	(1)5\'	Change Addition
NAME			6.2 NAME	1612.	tion ibs time
STHEE: ADDRESS			6.3 STREET ADDRESS	4	
CHY-ST-ZIP				•	
····	othat the information come	lied with this filing does not ou	alify for the exemption state	ed in Section 119 07(3\/ii) Florida Statutes	Liugher codile that the

4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



1/23/97 Date

Daytime Phone #